

EXHIBIT A

Tayjes Shah

From: Tayjes Shah
Sent: Tuesday, July 31, 2018 11:17 AM
To: Ted Hartman; Ben Hulse
Cc: Wendy Thayer; Shareeka A. Allen; 'david@pritzkerlaw.com'
Subject: RE: Miller Firm Bair Hugger Motion to Show Cause
Attachments: BH IDs Motion to Show Cause.pdf; Forced Air Warmer Ids to Show Cause.pdf

Ted/Ben,

Please find this correspondence in relation to the 12 cases that were in Friday's Motion for an Order to Show Cause related to lack of product ID. Please note that we did not receive notice of your Motion until Friday. Upon review, 8 of the cases

Eney
Hougen
Knapke
Nugent
Blevins
Bradford
Mack
Watson

have a clear Bair Hugger identification in the records. I have consolidated the identifications into the attachment. In spite of significant efforts to this point, the four other cases reference a forced air warming device (without confirming a manufacturer) and I have attached these records.

Baxter
Hughes
Keith
Shoaf

As this information is beyond the scope of knowledge of most lay Plaintiffs, I would think that this medical documentation would be sufficient for these Plaintiffs (at the very least for the 8 with confirmed BH IDs). Please confirm if you would be agreeable to submitting a joint letter removing these cases from the show cause.

Thank you,
TJ

Tayjes Shah, Esq.
The Miller Firm, LLC
P: 540-672-4224

Medstar Harbor Hospital 3001 South Hanover Street
Baltimore, MD 21225

PLACE PATIENT LABEL HERE

OPERATIVE CASE RECORD

Patient: ENEY, ROBIN L

DOS: 05/02/2013

Case #: 412462

Acct #: 0015352780

MR#: 008541394

RISK FOR ANXIETY RELATED TO KNOWLEDGE DEFICIT AND STRESS OF SURGERY

Psychosocial Status: Anxious

OUTCOME

Verbalizes / indicates decreased anxiety, ability to relax, understanding of procedure and sequence of events. Questions answered Y

TRANSFER TO OR SUITE VIA

Stretcher

TIME OUT

TIME: 13:33

Patient ID, Operative Site, Procedure, Position, Access to Counts and Safety Precautions Y

Relevant wraps and marks appropriately marked and displayed Y

The need to administer antibiotics or fluids containing antibiotics for irrigation is acknowledged Y

History and Physical on Chart YES

History and Physical completed within 30 days and updated within 24 hours of the procedure YES

Preop Assessment Verified? YES Comments

RISK FOR INFECTION

Skin Prep Type

Alcohol

Chlorhexidine

Alcohol

Chlorhexidine

Chlorhexidine

Chlorhexidine

Skin Prep Site

left leg

left leg

left leg

left leg

left leg

By

Harvey, Anne RN

Harvey, Anne RN

Harvey, Anne RN

Harvey, Anne RN

Surgeon 1

Time

Comments

Hair Removal Type

Hair removal unnecessary

Ureter Catheter

Type

Foley Standard 2 Way

Size

16.5

Urine Description

Cloud/Yellow

By

Harvey, Anne RN

Initial Output

10

RISK FOR INJURY

Safety Strap?

Y

Safety Strap Location

across waist

By

Harvey, Anne RN

Ground Pad Left #

12590037

Breast Pad Size

regalyns-upper

Applied By

Harvey, Anne RN

Custody Type

Electrocardiogram Unit

Troubadour

Unit #

H07155

H06135

Cut Care

90 50

100

Troubadour 1 Unit #

7063

Location

Upper Leg Left

Pressure mmHg

300

Time Initiated

13:36

Time Deflated

15:40

Deflated By

Y Harvey, Anne RN

Extremity Condition Postop

2+ & intact

SCD Site

Upper Fore Right

Warning Device

Warning Device

Warning Device

Warning Device

SCD Unit #

H10890a

Setting

130

Warning Unit #

H06999

RISK FOR IMPAIRED SKIN INTEGRITY

Position for Surgery

Supine

By

Surgeon 1

Anesthesia Care Provider

Harvey, Anne RN

If Pumps, Breasts / Goggles Checked By

Positioning Devices

Head Rings, Armboards Bordered, Leg Holder Left

Printed: 5/22/2013 4:22 pm

Page 2 of 7

PRINTED BY: MCKPRINT

10/12/2015

RE-01-
RE-01-000020

CPH HIM

Fax: 907-714-4583

Apr 22 2016 02:22pm

P023

Page: 8

Surgical Case Record

Patient: M000080062 HOUGEN, TRACY L Date of Birth: 12/05/57
 Account No: V00000808269 Age: 58
 Physician: KRUEH-KRULL, HENRY G. MD Sex: M
 Specialty: ORT-ORTHOPEDICS Room-Rad/T.Loc: 231-A
 O.R.: OR3-OR ROOM 3 Oper Date: 10/16/14
 CENTRAL PENINSULA GEN HOSP
 Case Close/ Run Date: 04/22/16
 Transmitted: 10/22/14 0901 SHAXTER, BARTER, SUZANNE L Run Time: 1712

DAY SURG/HOLDING INTAKES

DATE	TIME	USER	TYPE	INTAKES UTILIZED	SITE	REQ AMT	RATE
				PREOP VOL	END LTC		
10/16/14	1110	JPENTON	SOL	LACTATED RINGERS	HANDL	1,000	TKO
				0	1,000		
						Total	0

Filed by JAN FENTON, RNCA on 10/16/14 at 1152

PRE-OP COMPLETED BY

Completed By JAN FENTON
 Completed Date 10/16/14
 Completed Time 1052

OR ASSIGNMENTS

** N/A **

OR TIMES

— OR AREA — TIME DATE —
 Into Room: 1258 10/16/14
 Site Verify: 1348 10/16/14
 Start Procedure: 1349 10/16/14
 End Procedure: 1525 10/16/14

Filed by ALISHA L FLIEGER, RN on 10/16/14 at 1541

POSITION

L ARM ON PADDED ARMSBOARD
 R ARM PADDED ACROSS CHEST
 LATERAL LEFT

Filed by ALISHA L FLIEGER, RN on 10/16/14 at 1541

DEVICES

LEFT ARMSBOARD
 ARM STRAP LEFT
 BAIR HUGGER UPPER
 BLANKET, FOLDED
 EGG CRATE
 HIP GRIP
 LATERAL WEDGES
 PILLOW

Filed by ALISHA L FLIEGER, RN on 10/16/14 at 1541

Knapke, Daniel J (MR # 202-94-06-16)

Page 5 of 5

Immobilization Devices**Internal Transportation****PHP OR INTERNAL TRANSPORTATION QUESTIONNAIRE**

Question	Answer	Comment
Patient Transfer Destination	PACU (Post Anesthesia Care Unit)	
Patient Transported By	CRNA Registered Nurse	
Patient Transport Method	Patients's In-House Bed	
Safety Measures	Blankets Applied Oxygen with Face Mask Side Rails Up	
Patient Transported Out By		
Patient Out Transport Method		

Electro Surgery Units

ESU Type	ESU	Blend Setting	Mode	Pad Loc	Laterality	Coag Set	Cut Set	Applied By
Electrosurgical Unit			Monopolar	Flank	Left	30	30	

Pre/Post Application Skin Condition: Warm, dry, intact

Sequential Compression Devices

None

Tourniquets

None

Warming Devices

Device Type	Device	Area	Laterality	Temp
Bair Hugger		Upper Body	Bilateral	

X-Rays

None

Lasers

None

Complications

No Complication

MRN: 02249165 Visit: 30300474 DocType: ANE - Anesthesia

ST. JOSEPH HOSPITAL
Bellingham, Washington

All Inhalational agents given by inhaled route

Anesthesia

Time	30	10	20	11	30	12	30	13	30	Used / Unused
Morphine (mg)	5									
Fentanyl (mcg)										
Pantohal (Propofol) (mg)										600mg
Succinylcholine (mg)										
Roacurium/Besirocurium (mg)										
O ₂ (l/min)	by Fan	10								
Air / N ₂ O (l/min)										
ISO % / Sevof %										
Cefazolin	2 gm IV (2) 0934									
Echiumine (mg)	2.0 + 6.0 added to morphine 8.0									
phenylephrine (mg)	100 200 100									
vasopressin (units)	1.5 1.5 1.5 1.5									
Fluids	LR									2,700ml
EBL										
Urine Vol										
ECG		SL	SL	SL	SL	SL	SL			
PiO ₂										
SpO ₂	100	100	100	100	100	100	100			
EtCO ₂	29	29	27	27	24	24	25			
Vt = F × Pp	SV	SV	SV	SV	SV	SV	SV			
Machine - Equipment - Airway										
Ases Chaps										
PL Monitor										
Surf PE										
No. Bp										
Glucose										
Fluid										
BAR										
SCCA										
Uter										
Spine										
TEE										
IV										
Art										
CVP										
Position	LD									
Assessment immediately Prior to Induction or Sedation										
Intubation CAN Easy Difficult										
Block	L3-4 SAB									
Position	Sitting									
Prep	betadine									
Local	5ml 1% lidocaine									
Needle	25 gauge - Long									
CSF	Blood + Protein									
Test Date										
Level										
LDG	cm @ 500									
Catheter Type										



DOS: 6-JUL-2011

ACCT# 030300474 P

MUGENT, Richard R.

SRV1574 36 11 518



MRN: 02249165

DATE 6/20/11 ANES START X 0930 END @ 1140
OPERATIONS Right Total Hip Replacement

SURGEONS Bruce

ANESTHESIOLOGIST Deck

2045 (REV. 4/08)

ANESTHESIA RECORD

OAKWOOD SOUTHSORE MEDICAL CENTER
5450 Fort Street
Trenton MI 48183-4801
Enc Anesthesia Report

BLEVINS, ROGER S
MRN: 07503580
DOB: 12/4/1942, Sex: M
Adm: 1/8/2015, D/C: 1/10/2015

Flowsheets (all recorded) (continued)

Anesthesia Checklist - Thu January 08, 2015 (continued)

Anesthesia from	1/8/2015 in
Southshore Periop	Service
warmer: Forced	Air; PC/E
stethoscope; infusi	on pump
NIBP Site	Arm Right
Cardiac	EKG: ST segments
Leads	3
Temp Source	Skin
Standard	Temp; ETCO2; Sa
Monitoring	O2; EKG/BP

Assess - Thu January 08, 2015

	0747	0750	0755	0800	0805
Assessment					
EKG				NSR	NSR
Vent Mode	Spontaneous			Spontaneous	
	Ventilation			Ventilation	
Breath Sounds	Clear			Clear	
Left					
Breath Sounds	Clear			Clear	
Right					
O2	Nasal	Nasal	Nasal	simple	simple
Supplementatio					
n (L/Min)					
	0810	0815	0820	0825	0830
Assessment					
EKG	NSR	NSR	NSR	NSR	NSR
Warming		On; High; Forced			
Device		air			
		Upper Bair Hugger			
O2	simple	simple	simple	simple	simple
Supplementatio					
n (L/Min)					
	0835	0840	0845	0850	0855
Assessment					
EKG	NSR	NSR	NSR	NSR	NSR
O2	simple	simple	simple	simple	simple
Supplementatio					
n (L/Min)					
	0900	0905	0910	0915	0920
Assessment					
EKG	NSR	NSR	NSR	NSR	NSR
O2	Other Oxygen	Other Oxygen	Other Oxygen	Other Oxygen	Other Oxygen
Supplementatio	devices	devices	devices	devices	devices
n (L/Min)	Face Mask with hand				
	bag assist				

Generated by 049894 at 7/10/17 7:56 AM

RB-03-000195

Intraop Record - BAR Main OR
* Final Report *

BRADFORD, DARRYL - 61055265

BAR Equipment

	Entry 1	Entry 2	Entry 3
Equipment	Bair Rugger - BAR ✓	Helmet Batteries - BAR	Ortho Helmets - BAR
Serial Number	43		
Device Setting	SMITH CRNA, JOSHUA G		
Accessory Applied by	Upper Body		
Site	Payne-Mathews, Carol	Payne-Mathews, Carol	Payne-Mathews, Carol
Last Modified By:	08/12/15 14:12:27	08/12/15 14:12:27	08/12/15 14:12:27
	Entry 4	Entry 5	
Equipment	Peg Board - BAR	SCD Machine - BAR	
Serial Number			
Device Setting			
Accessory Applied by			
Site		Calf Right	
Last Modified By:	Payne-Mathews, Carol	Payne-Mathews, Carol	
	08/12/15 14:12:27	08/12/15 14:12:27	

BAR Counts Verification

	Entry 1	Entry 2	Entry 3
Procedure	Hip Total Arthroplasty	Hip Total Arthroplasty	Hip Total
Arthroplasty			
Sequence	Initial Count	Closing Count	Final Count
By	Payne-Mathews, Carol,	Payne-Mathews, Carol,	Payne-Mathews,
Carol,	Payne, Reginald	Payne, Reginald	Payne, Reginald
Sponge Count	Yes	Yes	Yes
Correct:			
Incorrect Sponge			
Count Action Taken	Yes	Yes	Yes
Small Miscellaneous			
Item Count Correct			
Incorrect Small			
Misc Item Count			
Action Taken:			
Sharp/Needle Count	Yes	Yes	Yes
Correct:			
Incorrect Sharps			
Count Action Taken	Yes	Yes	Yes
Instrument Count			
Correct			
Incorrect			
Instrument Count			
Action Taken			
Provider Notified	Yes	Yes	Yes
Closing Counts			
Correct:			
Last Modified By:	Payne-Mathews, Carol	Payne-Mathews, Carol	Payne-Mathews, Carol
	08/12/15 14:01:59	08/12/15 14:01:59	08/12/15 14:01:59

BAR Medication Intake

	Entry 1		
Medication	Normal Saline 1000mL	Route of Admin	Topical
By	Bottle - BAR		
	FERGUSON MD,		
	CHRISTOPHER A		
Last Modified By:	Payne-Mathews, Carol		

Printed by: Tate, Roshundia
Printed on: 03/07/2017 11:39 CST

Page 5 of 8
(Continued)

MedStar Franklin Square Hospital Center**Patient: MACK, RAYMOND JOSEPH**

Med Rec #: FSH-000801467849

Admit/Discharge: 11/3/2014 / 11/7/2014

Account #: FSH-02100388079

Admitting Doctor: Michael L. Dvorkin, MD

Date of Birth: 4/22/1949 Age: 67 years Sex: Male

Ordering Doctor: n/a

Location: FSH SURS

Surgical Documentation**Entry 1****Case Information**

OR	FSOR 06	Case Level	MD Case Level
Wound Class	1-Clean	Specialty	SN - Orthopaedics
ASA Class	4		
Preop Diagnosis	degenerative joint disease	Postop Same As Preop	Yes
Postop Diagnosis	degenerative joint disease		
Last Modified By:	LORI D VACEK, RN		
	11/03/14 08:28:03		

Surgical Procedures - FSH - OR**Entry 1****Procedure****Description****Procedure****Primary Procedure**

Arthroplasty Knee
Yes

Modifiers**Primary Surgeon**

Left

Michael L. Dvorkin,

MD

Start**Anesthesia Type****Wound Class****Last Modified By:**

11/03/14 08:15:00
GENERAL
1-Clean
LORI D VACEK, RN
11/03/14 09:31:47

Stop**Surgical Service**

11/03/14 09:27:00
SN - Orthopaedics

Surgical Procedures - FSH - OR Audit

11/03/14 09:31:47

Owner: LDV101

Modifier: LDV101

<+> 1 Stop

Patient Care Devices - FSH - OR**Pre-Care Text**

A 200 Assesses risk for normothermia regulation Im 60 Uses supplies and equipment within safe parameters

Equipment Type
Equipment Setting
Biomed #
Site
Last Modified By:

Entry 1
Machine SCD
45
345136
Leg Lower Right
LORI D VACEK, RN
11/03/14 08:35:12

Entry 2
Machine Bair Hugger
43 c
F361355
Upper Body
LORI D VACEK, RN
11/03/14 08:35:12

Post-Care Text:

E 260 Evaluates response to thermoregulation measures Q 290 Patient is at or returning to normothermia at the conclusion of the immediate postoperative period

Patient Positioning - FSH - OR**Pre-Care Text**

A 280 Identifies baseline musculoskeletal status Im 40 Positions the patient Im 80 Applies safety devices

Entry 1

Print Date/Time: 4/9/2017 05:36 EDT

Report Request ID: 91815558

VERIFICATION OF DOCUMENTS

Reston Hospital Center
HCA Shared Services-Release of Information
Boulders VII
Suite 100
7300 Beaufont Springs Drive
Richmond, VA 23225

Dear Medical Records Custodian:

Please answer the following questions regarding:

Patient's Name: Michael A. Watson
DOB: August 30, 1960

1. Was the Bair Hugger Forced Air Warming Unit used during the client's surgery on Jan 1, 2016 to February 1, 2016

YES: X NO:

2. If yes or no to the above, please indicate the model number and/or name of the Warming unit?

MODEL NAME/No.: Unit # 400623507 model 750

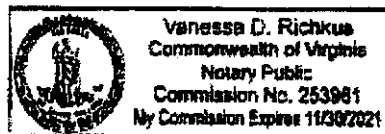
I hereby certify and declare under the penalty of perjury under the laws of my state of residence, that the foregoing is true and correct.

[Signature]
Authorized Custodian

Dated at Reston Hosp
(city) (state)

This 25 day of Jan, 2018

County of FAIRFAX
Commonwealth of VIRGINIA
This instrument was acknowledged before me on the 25th day of JANUARY 2018.
I, WILLIE WASHINGTON
(Name of person seeking acknowledgment)
Vanessa D. Richkus



View Profile		Account No: 885414955102	
Patient: 8008889977401504 J. T. CROE, ARTHUR	Physician: PEYER-Pattor, Randall S. MD	Room-Bed/T.Loc: 3.419 A	Actual Op Date: 01/19/16
Prop Op: LEFT TOTAL KNEE REVISION, EXCISION OF	D.R.: 2.000001 FOR ROOM 01	Verified Date: 01/29/16	
DOB: 09/28/1976	Age: 42	Sex: M	

View Operative

↑

EQUIPMENT

* BLANKET WARM - WARMING BLANKET DOCUMENTATION

DOCUMENTATION

Over Blanket Type- Upper Body
 Temp Setting= High
 Applied By- AK.SAUKE
 Comments: UNIT#400623507, MONITORED AND MAINTAINED BY ANESTHESIA
 * LIGASURE TRIA - LIGASURE TRIAD (S)

DOCUMENTATION

Ligasure Unit #: T805685E
 Exp Date: 11/01/17
 Coag: 80
 ↓



NORTON HOSPITAL
200 E Chestnut Street
Louisville KY 40202-1800
Anesthesia Report

BAXTER, BOBBIE R
MRN: EP00003141
DOB: 5/22/1958, Sex: M
Surg. Date: 04/16/13

Sequential Compression Devices (continued)

SCD Type	SCD	Area	Laterality	Pressure	Left Pulse	Right Pulse	Applied By
COMPRESSION DEVICE							RN
ALPS COMPRESSION CEO50823 SET ON 40 DURING THE PROC.							

Electro Surgery Units

ESU Type	ESU	Blend Setting	Mode	Pad Loc	Laterality	Coag Set	Cut Set	Applied By
BOVIE VALLEYLAB CEO44898		MonoPolar	Mono polar	Abdomen	N/A			

Tourniquets

Tourniquet Type	Unit No.	Area	Laterality	Pressure	Inf. Date/Time	Def. Date/Time	Applied By
Tourniquet	TOURNIQUET-01	Thigh	Left	300	4/16/13 0747	4/16/13 0849	Smith, Mark G, MD
CEO26579							

Warming Devices

Device Type	Device	Setting	Area	Laterality	Temp	Applied By
Forced Air Warming Device		High	Upper Body	N/A		Nalley, Stephannie L, CRNA
CEO 51060 SEE ANETH.RECORD						

Instruments

Instrument Type	Instrument	Start	End
OSTEOTOMES LAMBOTTE MAJOR ORTHO SET			
STRYKER SAW AND DRILL			

Supplies (PANEL 1 - COMBINED)

Supplies	Tmp?	Type	Used	Wstd	Rsn Wasted	Chrg?	Inv Location	Latex?
GLOVE ORTHO BIOGEL 8.0 31080	No	Gloves Surgeon	1	0			NH PAV MAIN OR	
GLOVE LITE T 8.5 MDS108085LT	No	Gloves Surgeon	1	0			NH PAV MAIN OR	
GLOVE SENSICAR GRN 8.0 MSG1280	No	Gloves Surgeon	1	0			NH PAV MAIN OR	
SUTURE NURLON 1 30 5425H	No	Sutures	3	0			NH PAV MAIN OR	
SUTURE VICRYL 2-0 36 J945H	No	Sutures	3	0			NH PAV MAIN OR	
STAPLER SKIN WIDE PXW35	No	Staplers	1	0			NH PAV MAIN OR	
PAD CAST STR 4X4 30227	No	Casting Supplies and Splints	1	0			NH PAV MAIN OR	
BANDAGE ACE 6 2359706LF	No	Sponges Gauzes Dressings	1	0			NH PAV MAIN OR	
BRACE KNEE TRI-PNL 19	No	Orthopae	1	0			NH PAV MAIN	



Real people. Remarkable care.

9/14/16

THE MILLER FIRM, LLC
THE SHERMAN BUILDING
108 RAILROAD AVE
Orange, VA 22960

RE: Request to inspect, copy or obtain copy of warning device manufacturer
Records of: Bobbie R Baxter
Date of Birth: 5/22/1958
Date request received: 9/7/2016

Dear THE MILLER FIRM, LLC,

We regret to inform you that after an extensive and thorough search through the record we are unable to process your request as there is no manufacturer listed for the forced air warning device for the service date(s) requested at

- Norton Hospital 200 E. Chestnut St., Louisville, KY 40202

Should you have any questions, you may contact us at (502) 629-8766, Monday through Friday, 8:00 a.m. until 5:00 p.m.,

Thank you,

Anna Berry Pfeil, MA, RHIA
Director, Release of Information/RAC
Norton Healthcare



NORTON WOMEN'S AND
CHILDREN'S HOSPITAL
4001 Dutchmans Lane
Louisville KY 40207-4714
Anesthesia Report

KEITH, WESLEY F
MRN: EP01024295
DOB: 8/20/1978, Sex: M
Surg. Date: 01/11/16

PNDS Information (continued)

Outcomes - Intra-op

Used?	Description (Code)
Yes	The patient is free from signs and symptoms of injury caused by extraneous objects. (O2)
Yes	The patient is free from signs and symptoms of chemical injury. (O3)
Yes	The patient is free from signs and symptoms of electrical injury. (O4)
Yes	The patient is free from signs and symptoms of injury related to positioning. (O5)
Yes	The patient is free from signs and symptoms of injury related to transfer/transport. (O8)
Yes	The patient receives appropriate medication(s), safely administered during the perioperative period. (O9)
Yes	The patient is free from signs and symptoms of infection. (O10)
Yes	The patient participates in decisions affecting his or her perioperative plan of care. (O23)
Yes	The patient's care is consistent with the individualized perioperative plan of care. (O24)
Yes	The patient's right to privacy is maintained. (O25)
Yes	The patient demonstrates and/or reports adequate pain control throughout the perioperative period. (O29)
Yes	The patient demonstrates knowledge of the expected responses to the operative or invasive procedure. (O31)

Diagnoses

Present?	Description (Code)
Yes	Risk for injury (X29) instructed to keep hands away from eyes
Yes	Acute pain (X38) monitor pain

Equipment/Instruments/Supplies

1/11/2016

Electro Surgery Units

ESU Type	ESU	Blend Setting	Mode	Pad Loc	Laterality	Coag Set	Cut Set	Applied By
BOVIE VALLEY LAB		MonoPolar	Mono polar	Abdom en		40	40	Witten, Carroll L., MD

Warming Devices

Device Type	Device	Setting	Area	Laterality	Temp	Applied By
Forced Air Warming Device	FORCED AIR WARMING DEVICE-09	High	Upper Body	Bilateral		Kukuck, Todd G, CRNA
FLUID WARMER						

Other Equipment

Type	Equipment	Setting	Setting Low	Setting High	Applied By
Suction PEG BOARD POSITIONER					

Fax Server

2/7/2018 12:28:25 PM PAGE 5/006 Fax Server

VERIFICATION OF DOCUMENTS

Kaiser Sunnyside Medical Center
10180 Sunnyside Road
Clackamas, OR 97015

Dear Medical Records Custodian:

Please answer the following questions regarding:

Patient's Name: David N. Hughes
DOB: February 4, 1959

1. Was the Bair Hugger Forced Air Warming Unit used during the client's surgery on 1/4/11-1/6/11?

YES: _____ NO: _____ *See below*

2. If yes or no to the above, please indicate the model number and/or name of the Warming unit?

MODEL NAME/No.: _____

I hereby certify and declare under the penalty of perjury under the laws of my state of residence, that the foregoing is true and correct.


Authorized Custodian

Dated at _____
(city) (state)

This 7 day of Feb. 2018

Kaiser Permanente Northwest
Regional Process Center
10220 S.E. Sunnyside Rd.
Clackamas, OR 97015
Release of Information

The information listed above is not available as it is not part of the legal healthcare record.

